

## GUIDELINES

### Nevada Department of Education INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)

October, 1999

This technical assistance document is designed to assist IEP teams in developing IEPs. It provides guidance for decision-making and explains technical requirements for completing forms. It provides specific instructions for completing the forms. Each section of the IEP is explained in order, section by section, page by page.

1. While the terms "general" and "regular" may seem synonymous, both terms are used in state and federal special education regulations. In this document, "regular" is used to describe teachers, environments, classes, and classrooms. The term "general" is used to describe curriculum.
2. Note that the "Accommodation(s) for the Nevada Proficiency Examination" form is based upon the IEP Record form in the Guidelines for the Nevada Proficiency Examination Program: 1999-2000. Because the permissible accommodations are subject to change each school year, the district must replace these forms as necessary.
3. A copy of each IEP must be provided to parents at no cost. (34 CFR §300.345(f))

## REFERENCES

Chicago Public Schools, Office of Specialized Services. 1998. IEP Workbook: From Evaluation through Implementation.

Individuals with Disabilities Education Act (IDEA)

Congressional Committee Report, HR-5, 1997

Regulations, 34 CFR Part 300

Appendix A to Part 300

Attachment 1--Analysis of Comments and Changes

Nevada Administrative Code, Chapter 388, 389

Nevada Department of Education. 1999. Guidelines for the Nevada Proficiency Examination Program: 1999-2000.

Storms, Jane, Lizanne De Stefano, and Ed O'Leary. 1996. Individuals with Disabilities Education Act: Transition Requirements. National Clearinghouse of Rehabilitation Training Materials, Oklahoma State University.

## IEP PAGE 1

INFORMATION		
<b>STUDENT/PARENT INFORMATION</b> Student _____ Sex _____ Birthdate _____ Grade _____ Student ID # _____ Student Primary Language _____ Student English Proficiency Code (optional) _____ Address _____ Student Phone _____  Parent/Guardian/Surrogate _____ Parent Phone (Home) _____ (Work) _____ Primary Language Spoken at Home _____ Interpreter or Other Accommodations Needed _____ Emergency Contact/Phone Number _____ Current School _____ Zoned School _____	<b>ELIGIBILITY CATEGORY</b> <input type="checkbox"/> Autism <input type="checkbox"/> Deaf/Blind <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Health Impairment <input type="checkbox"/> Hearing Impairment/Deaf <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Multiple Impairment <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Speech/Language Impairment <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visual Impairment/Blind  ELIGIBILITY DATE _____  ANTICIPATED 3-YR REEVALUATION _____	<b>MEETING INFORMATION</b> DATE OF MEETING _____ DATE OF LAST IEP MEETING _____  <b>PURPOSE OF MEETING</b> <input type="checkbox"/> Interim IEP <input type="checkbox"/> Initial IEP <input type="checkbox"/> Annual IEP <input type="checkbox"/> IEP Following 3-Yr Reevaluation <input type="checkbox"/> Revision To IEP Dated _____ <input type="checkbox"/> Exit/Graduation <input type="checkbox"/> Other _____  IEP SERVICES WILL BEGIN _____  ANTICIPATED DURATION OF SERVICES _____  IEP REVIEW DATE _____  COMMENTS _____

### INFORMATION

#### **STUDENT/PARENT INFORMATION**

- a. Complete the identifying information in this column.
- b. **Interpreter or Other Accommodations Needed** refers to any special arrangements needed for the parent or student to participate in the IEP meeting. If the parent or student requires an interpreter or other accommodations to participate in the meeting, note the arrangements that were made. Write N/A if no accommodations were needed.

#### **ELIGIBILITY CATEGORY**

- a. Check the **ELIGIBILITY CATEGORY** that corresponds to the student's disability as determined by the Eligibility Team.
- b. Record the **ELIGIBILITY DATE** of the most recent eligibility determination (month/day/year).
- c. Project the **ANTICIPATED 3-YR REEVALUATION** three years from the most recent eligibility determination (month/day/year).

#### **MEETING INFORMATION**

- a. Record the **DATE OF THE MEETING**.
- b. Record the **DATE OF LAST IEP MEETING** that was conducted as an annual review.
- c. Indicate the **PURPOSE OF MEETING** by checking the appropriate box. The purpose for the meeting should correspond to the purpose set forth in the written notice of the IEP meeting.
- d. Enter the date that **IEP SERVICES WILL BEGIN** (month/day/year).
- e. Enter the date which corresponds to the **ANTICIPATED DURATION OF SERVICES** (the expected length of time this IEP will be in effect).
- f. Enter the **IEP REVIEW DATE**. This date must be projected to be no more than one year from the date of this IEP meeting (month/day/year).
- g. Use the **COMMENTS** to note any additional important information, e.g., that the meeting was conducted via telephone, that the meeting is being held in response to a parental request, or that the parent is not in attendance.

## IEP PAGE 1 (continued)

### **IEP PARTICIPATION**

Parent/Guardian/Surrogate\* \_\_\_\_\_

Student\*\* \_\_\_\_\_

LEA Representative\* \_\_\_\_\_

Special Education Teacher\* \_\_\_\_\_

Regular Education Teacher\*\*\* \_\_\_\_\_

School Psychologist \_\_\_\_\_

Speech/Language Therapist/Pathologist/Specialist \_\_\_\_\_

School Nurse \_\_\_\_\_

Interpreter \_\_\_\_\_

Other (name and role) \_\_\_\_\_

Other (name and role) \_\_\_\_\_

Other (name and role) \_\_\_\_\_

\*Required participant.

\*\* Student must be invited when transition is discussed (beginning at age 14 or younger if appropriate).

\*\*\*The IEP team must include at least one regular education teacher of the student (if the student is, or may be, participating in the regular education environment).

### **IEP PARTICIPATION**

- a. Consider the requirements for IEP participation when arranging and providing written notice of the meeting. (§300.344)<sup>1</sup>
- b. Indicate the individuals who participated in the meeting.

### **PROCEDURAL SAFEGUARDS**

☐ I have received a statement of my rights under the Individuals with Disabilities Education Act (IDEA) and these rights have been explained to me in my primary language.

Parent Signature \_\_\_\_\_

AT LEAST ONE YEAR PRIOR TO REACHING AGE 18, STUDENTS MUST BE INFORMED OF THEIR RIGHTS UNDER IDEA AND ADVISED THAT THESE RIGHTS WILL TRANSFER TO THEM AT AGE 18.

☐ Not applicable. Student will not be 18 within one year.

☐ The student has been informed of his/her rights under IDEA and advised of the transfer of these rights at age 18.

### **PROCEDURAL SAFEGUARDS**

- a. A copy of the procedural safeguards must be included with the written notice of the IEP meeting. (§300.504(a)(2)) However, during the IEP meeting these rights should be explained to the parent. After the parental rights have been explained, ask the parent to check the **first box** and sign the form.
- b. Check the appropriate box to indicate whether the student has been informed of the transfer of rights that will occur at age 18. (§300.347(c))

<sup>1</sup> All references to §300, Appendix A, and Attachment 1 are to content in the IDEA regulations at 34 CFR Part 300.

## IEP PAGE 2

### **PRESENT LEVELS OF PERFORMANCE**

May include the following areas: academic achievement, language/communication skills, social/emotional/behavior skills, cognitive abilities, health, motor skills, adaptive skills, pre-vocational skills, vocational skills, and other skills as appropriate.

ASSESSMENTS CONDUCTED	ASSESSMENT RESULTS	EFFECT ON STUDENT'S INVOLVEMENT AND PROGRESS IN GENERAL CURRICULUM OR, FOR EARLY CHILDHOOD STUDENTS, INVOLVEMENT IN DEVELOPMENTAL ACTIVITIES

### **PRESENT LEVELS OF PERFORMANCE**

Write the student's **PRESENT LEVELS OF PERFORMANCE** in the space provided. (§300.347(a)(1)) This information serves as the foundation for the development of the goals and objectives in the IEP. Data should be collected in a variety of areas (refer to the areas listed on the form), from a variety of sources. In addition to those areas listed on the IEP form, federal regulations require the IEP team to consider the results of the initial evaluation or most recent evaluation of the student as well as the results of the student's performance on any state or district-wide assessments. (§300.346(a)(ii-iii)) When appropriate to facilitate transition planning, present levels of performance should be described for each post-school outcome area [Postsecondary Education, Vocational Training, Integrated Employment (including supported employment), Continuing and Adult Education, Adult Services, Independent Living, and Community Participation].

#### **ASSESSMENTS CONDUCTED**

Write the name of the assessments that provide pertinent information for the development of the IEP. This may include formal or informal methods, norm- or criterion-referenced tests, classroom observations, student work samples, teacher-made or other achievement tests, recent evaluations, behavior rating scales, performance data from regular education teachers, parental input, etc.

#### **ASSESSMENT RESULTS**

Describe the assessment results corresponding to the assessments conducted. Build a profile of the student's current abilities.

#### **EFFECT ON STUDENT'S INVOLVEMENT AND PROGRESS IN THE GENERAL CURRICULUM OR, FOR EARLY CHILDHOOD STUDENTS, INVOLVEMENT IN DEVELOPMENTAL ACTIVITIES**

Describe how the student's disability affects his or her involvement and progress in the general curriculum. For early childhood students, focus on the student's involvement in appropriate developmental activities. Information recorded here should relate to the assessment results. In describing the student's current and anticipated level of participation in the general curriculum, consider the following:

- If the student is currently participating in regular education classes, the regular education teacher(s) must be consulted regarding the student's performance relative to the classroom expectations. The regular education teacher(s) should share information regarding the accommodations, modifications, or supports that are currently being provided or might be required in order for the student to participate meaningfully in the general curriculum.
- If instruction in the general curriculum is being provided in a resource or self-contained setting, regular education teachers should be consulted regarding curriculum content and achievement level expectations.
- If the student has not participated in the general curriculum due to the nature and severity of his or her disability, information about the student's performance in applied academics, functional academics, vocational skills training, and other alternative programs will also be useful to the team.

### IEP PAGE 3

This page is a continuation of the **PRESENT LEVELS OF PERFORMANCE**. Continue to discuss and record data regarding the student's academic and social performance in order to develop appropriate goals and objectives. This information may be collected before the IEP meeting or solicited from the participants during the meeting.

#### **STRENGTHS, CONCERNS, INTERESTS AND PREFERENCES**

##### **STATEMENT OF STUDENT STRENGTHS**

##### **STATEMENT OF PARENT EDUCATIONAL CONCERNS**

##### **STATEMENT OF STUDENT'S PREFERENCES AND INTERESTS** *(required if transition services will be discussed, beginning at age 14 or younger if appropriate)*

*If student was not in attendance, describe the steps taken to ensure that the student's preferences and interests were considered:*

#### **STRENGTHS, CONCERNS, INTERESTS AND PREFERENCES**

##### **STATEMENT OF STUDENT STRENGTHS** (§300.346(a)(i))

Formulate a statement of student strengths to capture key information that can be utilized in developing goals and objectives. A student's strengths are revealed through assessments, observations, and other data; strengths are also revealed through input from parents, teachers, and others who have worked with the student. Input from the student is also important in reflecting strengths.

##### **STATEMENT OF PARENT EDUCATIONAL CONCERNS** (§300.346(a)(i))

Complete the statement to reflect the parents' concerns as they relate to the student's educational success. This information should be taken into consideration when determining IEP services.

##### **STATEMENT OF STUDENT'S PREFERENCES AND INTERESTS** (§300.344(b)(2); §300.29(a)(2))

Write a statement of student's preferences and interests if transition services are being discussed, beginning when the student is 14 or younger if appropriate. This information may be collected before the meeting or solicited from the student during the meeting. If transition will be discussed at the meeting, the student must be invited. (§300.344(b)(1)) Also, the written notice of the IEP meeting must specify that transition services will be discussed and that the student is being invited. (§300.345(b)(2-3))

### IEP PAGE 3 (continued)

#### **CONSIDERATION OF SPECIAL FACTORS**

- |    |  |  |   |
|----|--|--|---|
| 1. | Does the student's behavior impede the student's learning or the learning of others?<br>If YES, team must consider and develop strategies, including positive behavioral interventions, strategies, and supports to address that behavior. | <input type="checkbox"/> No action needed. | <input type="checkbox"/> Yes, addressed in IEP. |
| 2. | Does the student have limited English proficiency?<br>If YES, team must consider language needs of the student as those needs relate to the student's IEP.   | <input type="checkbox"/> No action needed. | <input type="checkbox"/> Yes, addressed in IEP. |
| 3. | Is the student blind or visually impaired?<br>If YES, team must evaluate reading and writing needs and provide for instruction in Braille unless determined not appropriate for the student.   | <input type="checkbox"/> No action needed. | <input type="checkbox"/> Yes, addressed in IEP. |
| 4. | Is the student deaf or hard of hearing?<br>If YES, team must consider communication needs.   | <input type="checkbox"/> No action needed. | <input type="checkbox"/> Yes, addressed in IEP. |
| 5. | Does the student require assistive technology devices and services?<br>If YES, team must determine nature and extent of devices and services.  | <input type="checkbox"/> No action needed. | <input type="checkbox"/> Yes, addressed in IEP. |

#### **CONSIDERATION OF SPECIAL FACTORS** (§300.346(a)(2); §300.346(c))

Check **Yes** or **No action needed** to indicate the team's consideration of each of the five special factors in this section. Each of these factors may impact the development of a student's IEP. If the team chooses **Yes** for any of the factors, address this factor in the student's IEP. The team may address special factors in a variety of ways, including goals and objectives, behavior plans, supplementary aids and services, related services, accommodations, or modifications.

## IEP PAGE 4

### **TRANSITION**

#### **DIPLOMA OPTION SELECTED FOR GRADUATION**

(Diploma option must be declared at age 14 and reviewed annually.)

☐ Standard or Advanced High School Diploma. Must complete all applicable credit requirements and pass the High School Proficiency Examination (with permissible accommodations as needed).

☐ Adjusted High School Diploma. Must complete IEP requirements.

### **TRANSITION**

#### **DIPLOMA OPTION SELECTED FOR GRADUATION (NAC §389)**

Check the box that reflects the IEP team's decision regarding the appropriate diploma option for the student. The team must select an option beginning at age 14 and review this choice annually.

#### **STUDENT'S VISION FOR THE FUTURE**

#### **STUDENT'S VISION FOR THE FUTURE**

Include the student's vision for the future--a short statement that directly quotes what the student wants for the future.

#### **STATEMENT OF TRANSITION SERVICE NEEDS: COURSE OF STUDY**

Beginning at age 14 or younger if determined appropriate by the IEP team, describe the focus of the student's course of study.

#### **STATEMENT OF TRANSITION SERVICE NEEDS: COURSE OF STUDY (§300.347(b)(1))**

Describe the anticipated course of study the student will be pursuing (such as participation in advanced placement courses or a vocational education program) that will promote movement to post-school activities. In completing this section focus attention on how the student's educational program can be planned to help the student make a successful transition to his/her goals for life after secondary school. Consider the relationship of the course work selected to the student's preferences and interests [described in the vision statement, statement of desired post-school outcomes] as well as present levels of performance. As indicated on the form these needs are to be determined beginning at age 14 or younger if determined by the team. The "statement of transition service needs" is designed to augment and enhance the "statement of needed transition services" for students who are 16 years of age and older, not replace it.

## IEP PAGE 4 (continued)

### **STATEMENT OF DESIRED POST-SCHOOL OUTCOMES**

Beginning at age 16 or younger if determined appropriate by the IEP team, describe desired post-school outcomes in the following areas.

- ☐ Postsecondary Education
- ☐ Vocational Training
- ☐ Integrated Employment (including supported employment)
- ☐ Continuing and Adult Education
- ☐ Adult Services
- ☐ Independent Living
- ☐ Community Participation
- ☐ Other

### **STATEMENT OF DESIRED POST-SCHOOL OUTCOMES** (§300.29(a)(1))

- a. Check all of the areas that apply to the student.
- b. Describe desired outcomes for each checked area. The descriptions reflect what the student wants to do after high school--where and how the student wants to live, work, recreate, learn, and participate in the community.



## IEP PAGE 5

### **STATEMENT OF NEEDED TRANSITION SERVICES: COORDINATED ACTIVITIES**

Beginning at age 16 or younger if determined appropriate by the IEP team, develop a statement of needed transition services, including strategies or activities, for the student

TRANSITION STRATEGIES OR ACTIVITIES	INTERAGENCY RESPONSIBILITIES OR ANY NEEDED LINKAGES
Instruction	
Related Services	
Community Experiences	
Employment and Other Post-School Adult Living Objectives	
Acquisition of Daily Living Skills and Functional Vocational Evaluation (if appropriate)	
Other	

### **STATEMENT OF NEEDED TRANSITION SERVICES: COORDINATED ACTIVITIES (§300.347(b)(2))**

#### **TRANSITION STRATEGIES OR ACTIVITIES (§300.29(a)(3))**

- a. Write a statement of transition strategies or activities to work toward the desired outcomes already identified. The statement must address each type of coordinated activity: instruction, related services, community experiences, the development of employment and other post-school adult living objectives; and, if appropriate, acquisition of daily living skills and a functional vocational evaluation.
- b. Develop annual goals and benchmarks or short-term objectives in the IEP for each activity the district will provide.
- c. Consider the following information when completing this section:
  - (1) Instruction is the use of formal techniques to impart knowledge. It is typically provided in schools (e.g., regular education classes, academic instruction, tutoring arrangements, etc.). Instructional activities may be provided by various entities or in other locations (e.g., adult basic education, 2+2 programming, post-secondary schools).
  - (2) Community experiences are those services provided outside of the school building, in the community settings, or perhaps by schools or other agencies (e.g., community-based work experiences, job site training programs, banking, shopping, transportation, community counseling, recreational services, independent living centers, adult service providers, etc.).
  - (3) Employment and other post-school adult living objectives are services that lead to a job or career. The objectives may also include adult activities that are done infrequently, such as registering to vote, doing taxes, renting a home, accessing medical services, SSI, filing for insurance, etc. The school or other entities could provide these activities.
  - (4) Daily living skills are those activities adults do every day (e.g., preparing meals, budgeting, maintaining a home, paying bills, caring for clothes, personal grooming etc.). The school or other entities could provide these activities.
  - (5) Functional vocational evaluation is an assessment process that provides information about job or career interests, aptitudes and skills. It may be gathered through situational assessments, observations, or formal measures. It should be practical. Schools or other entities could provide these activities.

#### **INTERAGENCY RESPONSIBILITIES OR ANY NEEDED LINKAGES**

If appropriate, write the name of the agency that is responsible for providing the service listed. If the IEP team determines that additional linkages need to be established based upon the student's identified need and/or interest, indicate it in this space. If a participating agency, other than the school district, fails to provide the transition services described in this IEP, the school district must reconvene the IEP to identify alternative strategies to meet the transition objectives for the student set out in the IEP. (§300.347; §300.348)

## IEP PAGE 6

IEP GOALS AND BENCHMARKS OR SHORT-TERM OBJECTIVES				
<b>MEASURABLE ANNUAL GOAL</b> (including how progress toward the annual goal will be measured)			<b>REPORT OF PROGRESS</b> 1. Anticipate meeting goal (continue) 2. Do not anticipate meeting goal (need to review/revise) 3. Goal met (note date)	
<input type="checkbox"/> Check here if this goal or any benchmark/short-term objective is a transition activity/strategy, and note the benchmark/objective # _____			Date	Date
<b>BENCHMARK OR SHORT-TERM OBJECTIVE</b>				
# _____				
# _____				

### IEP GOALS AND BENCHMARKS OR SHORT TERM OBJECTIVES

#### **MEASURABLE ANNUAL GOAL** (§300.347(a)(2))

- a. Annual goals are developed for each area of need identified by the IEP team in the **PRESENT LEVELS OF PERFORMANCE; STRENGTHS, CONCERNS, INTERESTS, AND PREFERENCES**; and the **STATEMENT OF NEEDED TRANSITION SERVICES**. There is a one-to-one correspondence between identified need, current performance level, and annual goal. Annual goals represent the IEP team's estimate of what the student can reasonably be expected to accomplish with specially designed instruction or support during the next 12 months. Annual goals reflect the IEP team's judgment, based on current levels of performance, potential for learning, and rate of development, regarding what the student should accomplish. The team answers the question, *"With specially designed instruction, what do we expect the student to do or know at the end of the next 12 months?"*

- b. Goal statements should have four parts:

- (1) Direction of the behavior (e.g., increase, maintain, decrease);
- (2) Area of needs (e.g., reading, social skills, communication);
- (3) Level of attainment or success (e.g., to grade level, with 100% accuracy, or as appropriate for a typical six-year-old);
- (4) How progress toward the annual goal will be measured.

- c. The measurable annual goals should relate to meeting the student's needs that result from the student's disability to enable the student to be involved in and progress in the general curriculum and meeting each of the student's other educational needs that result from the student's disability. (Appendix A, Question 1)

The school district is not required to include in an IEP annual goals that relate to areas of the general curriculum in which the student's disability does not affect the student's ability to be involved in and progress in the general curriculum. If a student with a disability needs only modifications or accommodations in order to progress in an area of the general curriculum, the IEP does not need to include a goal for that area; however, the IEP would need to specify those modifications or accommodations. (Appendix A, Question 4)

- d. If the goal or any benchmark/short-term objective was developed based upon the **STATEMENT OF NEEDED TRANSITION SERVICES**, check the box and note the benchmark/objective numbers.

IEP PAGE 6 (continued)

## REPORT OF PROGRESS

If the decision under **METHOD FOR REPORTING PROGRESS** (next section of the IEP) is to use **IEP Goals Pages** to report on progress, these cells will be used to periodically report on the student's progress. On each occasion that progress toward annual goals is reported using these goal pages, write the **Date** in the **Date** box, and in the space below, write the number (1, 2, or 3) that corresponds to the descriptor for the student's progress at that point in time. Duplicate the goal page and provide it to parents on each occasion that progress is reported.

## BENCHMARK OR SHORT-TERM OBJECTIVE (§300.347(a)(2))

Each annual goal must include either benchmarks or short-term objectives. The purpose of both is to enable a student's teachers, parents, and others involved in developing and implementing the IEP to gauge, at intermediate times during the year, how well the student is progressing toward achievement of the annual goal. An IEP team may use either short-term objectives or benchmarks or a combination of the two depending on the nature of the annual goals and the needs of the student. (Appendix A, Question 1)

- a. **BENCHMARK.** IEP teams may develop benchmarks, which can be thought of as describing the amount of progress the student is expected to make within specified segments of the year. Generally, benchmarks establish expected performance levels that allow for regular checks of progress that coincide with the reporting periods for informing parents of the student's progress toward achieving the annual goals.
- b. **SHORT-TERM OBJECTIVE.** Alternatively, IEP teams may develop short-term objectives that generally break the skills described in the annual goal down into discrete components.

IEP PAGE 7

**METHOD FOR REPORTING PROGRESS**

**METHOD FOR REPORTING THE EXTENT AND ADEQUACY OF THE STUDENT'S PROGRESS TOWARD**

**MEETING ANNUAL GOALS (check all methods that will be used):**

- |  |   |
|--|---|
| <input type="checkbox"/> IEP Goals Pages             | <input type="checkbox"/> District Report Card |
| <input type="checkbox"/> Specialized Progress Report | <input type="checkbox"/> Parent Conferences   |
| <input type="checkbox"/> Other _____                 |   |

**PROJECTED FREQUENCY OF REPORTS:**

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Semester    |
| <input type="checkbox"/> Trimester | <input type="checkbox"/> Other _____ |

**METHOD FOR REPORTING PROGRESS** (§300.347(a)(7))

**METHOD FOR REPORTING THE EXTENT AND ADEQUACY OF THE STUDENT'S PROGRESS TOWARD MEETING ANNUAL GOALS**

- a. State and federal law require that the IEP team determine how the student's parents will be regularly informed (through such means as periodic report cards), at least as often as parents are informed of their nondisabled child's progress, of (a) their child's progress toward the annual goals; and (b) the extent to which that progress is sufficient to enable the student to achieve the goals by the end of the year. (§300.347(a)(7))
- b. Check the boxes to reflect the methods by which progress will be reported. More than one method may be selected.

**PROJECTED FREQUENCY OF REPORTS**

Check the box to project the frequency of reports. At a minimum, progress must be reported as frequently as the district reports on the progress of students who are not disabled.

## IEP PAGE 7 (continued)

SPECIAL EDUCATION SERVICES			
SPECIALLY DESIGNED INSTRUCTION	BEGINNING AND ENDING DATES	FREQUENCY OF SERVICES	LOCATION OF SERVICES

### **SPECIAL EDUCATION SERVICES**

#### **SPECIALLY DESIGNED INSTRUCTION (§300.347(a)(3))**

- a. Federal regulations require a statement of the special education services that will be provided for the student to advance appropriately toward attaining the annual goals; to be involved and progress in the general curriculum and to participate in extracurricular and other nonacademic activities; and to be educated and participate with other students with disabilities and nondisabled students in these activities.
- b. This section summarizes the special education services to be provided to the student in the areas for which annual goals have been written. Describe the area in which specially designed instruction will be provided. While teaching and related service methodologies or approaches are appropriate topics for discussion and consideration by the IEP team, they are not expected to be written into the IEP. In general, changing a particular method or approach would not necessitate an additional IEP meeting. (Congressional Committee Report, HR-5, 1997)
- c. If a student will receive specialized instruction in an academic content area, write the content area in this column (e.g., Math, English/Language Arts, Science). If a student is receiving specially designed instruction in other areas, write the focus of the specially designed instruction in this column (e.g., study skills, vocational skills, community-based functional skills).

#### **BEGINNING AND ENDING DATES (§300.347(a)(6))**

Write the dates when the specially designed instruction is scheduled to begin and end. In most instances, these dates will correspond to the IEP initiation and duration dates noted on the first page of the IEP.

#### **FREQUENCY OF SERVICES (§300.347(a)(6))**

Write how often the services will be provided. For example, if a student is receiving specially designed instruction in Math each day, write "one period per day." If the student is receiving adaptive physical education each week, write "one hour per week." The amount of services to be provided must be stated in the IEP, so that the level of the commitment of resources will be clear to parents and other IEP team members. The amount of a special education service to be provided to a student may be stated in the IEP as a range (e.g., 30-45 minutes per week) **only if** the IEP team determines that stating the amount of services as a range is necessary to meet the unique needs of the student. For example, the IEP may specify that particular services are needed only under specific circumstances, such as the occurrence of a seizure or of a particular behavior. A range may not be used because of personnel shortages or uncertainty regarding the availability of staff. (Appendix A, Question 35)

#### **LOCATION OF SERVICES (§300.347(a)(6))**

Describe the location where the services will be provided. The location of services in the context of an IEP generally refers to the type of environment that is the appropriate place for provision of the service. For example, the specially designed instruction may be provided in the student's regular classroom or in a resource room. (Attachment 1--Analysis of Comments and Changes, p. 12594)

## IEP PAGE 7 (continued)

### **SUPPLEMENTARY AIDS AND SERVICES**

Includes aids, services, and other supports provided in regular education classes or other education-related settings to enable participation with nondisabled students.

<b>MODIFICATION, ACCOMMODATION, OR SUPPORT FOR STUDENT OR PERSONNEL</b> Describe below, or select from supplemental "Modifications, Accommodations, and Supports" (and list number below).	<b>BEGINNING AND ENDING DATES</b>	<b>FREQUENCY OF SERVICES</b>	<b>LOCATION OF SERVICES</b>

### **SUPPLEMENTARY AIDS AND SERVICES** (§300.347(a)(3))

#### **MODIFICATION, ACCOMMODATION, OR SUPPORT FOR STUDENT OR PERSONNEL**

- a. Federal regulations require a statement of the supplementary aids and services and program modifications or supports for school personnel that will be provided for the student to advance appropriately toward attaining the annual goals; to be involved and progress in the general curriculum and to participate in extracurricular and other nonacademic activities; and to be educated and participate with other students with disabilities and nondisabled students in these activities.
- b. Describe each appropriate **MODIFICATION, ACCOMMODATION, OR SUPPORT FOR STUDENT OR PERSONNEL**; alternatively, select the number from the supplemental list titled "Modifications, Accommodations, and Supports" and enter the corresponding number in this row. If the modification, accommodation, or support is needed in a specific content area, specify the area(s). For example, if a student has difficulty in reading and requires more time to take tests that require reading, specify the content areas (e.g., history, social studies) where the accommodation for test-taking will be provided. Some of the items listed require additional descriptions. If these items are referred to by number on the IEP, the additional description must be provided. For example, number 7, "Special Seating," requires a description of the nature of the seating for an individual student. The row could be completed as follows: **#7, in front row for all regular classes.**
- c. If the supplemental list is used, a copy must be attached to the IEP and given to the parent so that the references are clear.
- d. In general, accommodation involves adapting instructional strategies (materials, manner of presentation, grouping format) and/or the classroom environment (seating arrangements, lighting, sound, etc.) for students with special needs. Classroom accommodations can be made across educational settings, such as the regular education classroom, the resource room, and special classes.
- e. In general, modification means changing the program/curriculum when reasonable accommodations will not be effective in allowing the student to participate in the regular education classroom. Modifications are greater or more extensive changes that significantly alter the scope or content of the general education curriculum and are based on the student's need for such changes.

#### **BEGINNING AND ENDING DATES**

#### **FREQUENCY OF SERVICES**

#### **LOCATION OF SERVICES**

Guidelines for beginning and ending dates, frequency of services, and location of services are provided above in the section titled **SPECIAL EDUCATION SERVICES** (p. 13).

# IEP PAGE 8

RELATED SERVICES				
RELATED SERVICE	SERVICE TYPE AND/OR DESCRIPTION <i>A - Assessment</i> <i>C - Consultative</i> <i>D - Direct</i>	BEGINNING AND ENDING DATES	FREQUENCY OF SERVICES	LOCATION OF SERVICES
<input type="checkbox"/> Speech/Language				
<input type="checkbox"/> Physical Therapy				
<input type="checkbox"/> Occupational Therapy				
<input type="checkbox"/> Transportation				
<input type="checkbox"/> Counseling				
<input type="checkbox"/> Psychological Services				
<input type="checkbox"/> Orientation and Mobility				
<input type="checkbox"/> Audiology				
<input type="checkbox"/> School Health Services				
<input type="checkbox"/> Medical Services for Diagnostic or Evaluation Purposes				
<input type="checkbox"/> Recreation Therapy				
<input type="checkbox"/> Parent Counseling and Training				
<input type="checkbox"/> Other _____				
<input type="checkbox"/> Other _____				

## **RELATED SERVICES** (§300.347(a)(3))

### **RELATED SERVICE**

- a. Federal regulations require a statement of the related services that will be provided for the student to advance appropriately toward attaining the annual goals; to be involved and progress in the general curriculum and to participate in extracurricular and other nonacademic activities; and to be educated and participate with other students with disabilities and nondisabled students in these activities.
- b. Check the box(es) to correspond to the related services that are necessary for the student to benefit from special education. Additions to this list may be described under "Other."

### **SERVICE TYPE AND/OR DESCRIPTION**

Use **A** for assessment services, **C** for consultative services, or **D** for direct services. If other service delivery models are used, provide a description.

### **BEGINNING AND ENDING DATES**

### **FREQUENCY OF SERVICES**

### **LOCATION OF SERVICES**

Guidelines for beginning and ending dates, frequency of services, and location of services are provided above in the section titled **SPECIAL EDUCATION SERVICES** (p. 13).

## IEP PAGE 8 (continued)

PARTICIPATION IN STATEWIDE AND/OR DISTRICT-WIDE ASSESSMENTS		
Indicate whether the student will participate in statewide or district-wide assessments.	If NO, explain why the assessment is not appropriate and describe how student will be assessed.	If YES, does the student require accommodations?
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <b>TerraNova</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes   If YES, list on "Accommodation(s) for the Nevada Proficiency Examination" (attach form).
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <b>High School Proficiency</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes   If YES, list on "Accommodation(s) for the Nevada Proficiency Examination " (attach form).
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <b>4th or 8th Grade Writing Proficiency</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes   If YES, list on "Accommodation(s) for the Nevada Proficiency Examination " (attach form).
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <b>Criterion Referenced</b> <b>Specify:</b> _____		<input type="checkbox"/> No <input type="checkbox"/> Yes   List accommodations:
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <b>Other</b> _____		<input type="checkbox"/> No <input type="checkbox"/> Yes   List accommodations:

### **PARTICIPATION IN STATEWIDE AND/OR DISTRICT-WIDE ASSESSMENTS** (§300.347(a)(5))

- a. Column one is used to indicate whether the student will participate in the assessment listed.
- b. If the student will not participate, column two is used to state why that assessment is not appropriate for the student and what alternate assessments will be used.
- c. If the student will participate in either the TerraNova, the High School Proficiency, or the 4th or 8th Grade Writing Proficiency examinations, and requires permissible accommodations, complete the "Accommodation(s) for the Nevada Proficiency Examination" form and attach to the IEP. Accommodations not specifically listed (those that might be added as "Other") must be approved individually by the Nevada Department of Education, Proficiency Examination Office, to assure a valid administration of the test. Accommodations for participation in district-wide tests must be in accordance with district guidelines.
- d. Occasionally, an IEP team may decide that there would be value in testing a student even though the provision of non-permissible accommodations will lead to an invalid administration. Write these non-permissible accommodations on the bottom of the "Accommodation(s) for the Nevada Proficiency Examination" form and attach to the IEP.
- e. Complete the "Accommodation(s) for the Nevada Proficiency Examination" form and attach to the IEP to reflect testing decisions made for the student. The form duplicates the IEP content to a certain extent, but a copy of the "Accommodation(s)" form can then be used by testing programs as a stand-alone document.



**EXTENDED SCHOOL YEAR SERVICES**

Does the student require extended school year services?

☐ No ☐ Yes If YES, IEP goals and benchmarks/objectives and/or related services to be implemented in ESY must be identified.

If need for ESY is to be determined at a later date, indicate date by which IEP decision will be made: \_\_\_\_\_

**EXTENDED SCHOOL YEAR SERVICES** (§300.309)

Extended school year services must be provided only if a student's IEP team determines, on an individual basis, that the services are necessary for the provision of a free appropriate public education to the student. A school district may not limit extended school year services to particular categories of disability or unilaterally limit the type, amount, or duration of those services. (§300.309(a)(2-3))

- a. If the IEP has determined whether the student requires extended school year services, check the box to reflect the team's decision. Develop appropriate goals and benchmarks or short-term objectives and describe any special education services, related services, or supplementary aids and services that will be provided.
- b. If the timing of the current IEP is such that the need for extended school year services should be considered at a later date, indicate the date by which the IEP team will reconvene to make the necessary decisions and plans.

IEP PAGE 9 (continued)

PLACEMENT		
<b>PLACEMENT CONSIDERATIONS</b>		<b>PERCENTAGE OF TIME IN REGULAR EDUCATION ENVIRONMENT</b>
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	Regular class with supplementary aids and services Regular class and special education class (e.g., resource) combination Self-contained program Special school Residential Hospital Home Other _____
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/> <b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<b>JUSTIFICATION FOR PLACEMENT INVOLVING REMOVAL FROM REGULAR EDUCATION ENVIRONMENTS*</b>		
Explain why the IEP goals and objectives cannot be implemented in regular education environments, including the reasons why the team rejected a less restrictive placement. Include an explanation of any harmful effects on the learning of this or other students which affected the placement selection.		

\*Regular education environments include academic classes (which might include field trips linked to the curriculum), nonacademic settings (such as recess), and extra-curricular activities (for example, sports, after-school clubs, band, etc.)

## PLACEMENT

## PLACEMENT CONSIDERATIONS

Check boxes to reflect any placements actually considered by the IEP team. (NAC §388.284(1)(k))

### PERCENTAGE OF TIME IN REGULAR EDUCATION ENVIRONMENT

Calculate and list the average percentage of time this student will spend in the regular education environment.

## IEP PAGE 9 (continued)

### JUSTIFICATION FOR PLACEMENT INVOLVING REMOVAL FROM REGULAR EDUCATION ENVIRONMENTS (§300.347(a)(4))

The team must explain why the student's IEP cannot be implemented in the regular education environment with the use of supplementary aids and services. Factors to consider relate to needs for specialized curriculum and instruction; highly individualized instructional methods and materials; extraordinary teacher expertise; frequency and intensity of staff intervention and support; and structured environments to support social/behavioral needs. This is not an exhaustive list of considerations, nor is it as specific as justification statements for a particular student should be. Justifications must be individualized and relate to each student's particular needs. Statements to avoid:

1. Statements that merely name or describe the student's disability category.
2. Statements that are too general and that do not justify removal from regular education settings based upon each student's unique needs.
3. Justification statements that rely solely on accommodations that can clearly be met in a less restrictive setting such as "a small group setting" or "1:1 instruction."

Placements that require removal of the student from regular classes must be justified in the student's IEP. Special classes, separate schooling, or other removal of students with disabilities from the regular educational environment can only occur if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (§300.550) In selecting the least restrictive environment, consideration must be given to any potential harmful effect on the student or on the quality of services that he or she needs. (§300.552(d)) A student with a disability may not be removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum. (§300.552(e))

### IEP IMPLEMENTATION

☐ As the parent, I agree with the components of this IEP. I understand that its provisions will be implemented as soon as possible after the IEP goes into effect.

☐ As the parent, I disagree with all or part of this IEP. I understand that the school district must provide me with written notice of any intent to implement this IEP. If I wish to prevent the implementation of this IEP, I must submit a written request for a due process hearing to the local school district superintendent.

Parent Signature \_\_\_\_\_

### IEP IMPLEMENTATION

- a. The IEP team should work toward consensus in making IEP decisions, but the school district has the ultimate responsibility to ensure that the IEP includes the services the student needs in order to receive a free appropriate public education. If the team cannot reach consensus, the public agency must provide the parents with prior written notice of the school district's proposals or refusals, or both, regarding the student's educational program, and the parents have the right to seek resolution of any disagreements by initiating an impartial due process hearing. (Appendix A, Question 9)
- b. At the conclusion of the meeting, the parent may check either the **first box** (agree) or the **second box** (disagree) to indicate whether a consensus has been reached. If the parent does not wish to check either box, the school district must still determine whether a consensus has been reached, and follow the applicable procedures outlined above. **Note: There is no legal requirement for parents to sign IEPs. It is a convenient method for documenting participation and for clarifying whether parents are in consensus with the provisions of the IEP. If the parent declines to complete and sign this section of the IEP, the district must evaluate whether consensus has been reached and must take the appropriate steps outlined above.**

**DATA ELEMENTS**

**FEDERAL STUDENT ETHNICITY CODE (CHECK ONE)**

- ☐ American Indian or Alaska Native
- ☐ Asian or Pacific Islander
- ☐ Black or African American (not Hispanic)
- ☐ Hispanic or Latino
- ☐ White (not Hispanic)

**DATA ELEMENTS**

**FEDERAL STUDENT ETHNICITY CODE**

Check the student's ethnicity based upon the following federal descriptors:

American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, of the Pacific Islands, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. The Pacific Islands include Hawaii, Guam, and Samoa.
Black or African American (not Hispanic)	A person having origins in any of the Black racial groups of Africa.
Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
White (not Hispanic)	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Note that children can only be reported in one race/ethnicity category.**

## IEP PAGE 10 (continued)

### FEDERAL PLACEMENT CODE (CHECK ONE)

#### Students ages 6-21:

- ☐ **A** 80-100% in Reg. Ed.
- ☐ **B** 40-79% in Reg. Ed.
- ☐ **C** 0-39% in Reg. Ed.
- ☐ **D** Public Separate School
- ☐ **E** Private Separate School
- ☐ **F** Public Residential
- ☐ **G** Private Residential
- ☐ **H** Homebound/Hospital

#### Students ages 3-5:

- ☐ **I** Early Childhood (EC) Setting
- ☐ **J** Early Child. Special Ed. (ECSE)
- ☐ **K** Home
- ☐ **L** EC + ECSE
- ☐ **M** Public or Private Residential
- ☐ **N** Separate School
- ☐ **O** Itinerant Service Outside Home
- ☐ **P** Reverse Mainstreaming

#### Also check if in:

- ☐ **P** Private School
- ☐ **C** Correctional Facility

### FEDERAL PLACEMENT CODE

Check the student's placement code based upon the following federal definitions:

#### Students ages 6-21:

- A** Students with disabilities receiving special education and related services outside the regular classroom for less than 21 percent of the school day. This may include students with disabilities placed in: (1) regular class with special education/related services provided within regular classes; (2) regular class with special education/related services provided outside regular classes; or (3) regular class with special education services provided in resource rooms.
- B** Students with disabilities receiving special education and related services outside the regular classroom for a least 21 percent but no more than 60 percent of the school day. This may include students placed in: (1) resource rooms with special education/related services provided within the resource room; or (2) resource rooms with part-time instruction in a regular class.
- C** Students with disabilities receiving special education and related services outside the regular classroom for more than 60 percent of the school day. Do not include students who received education programs in public or private separate day or residential facilities. This category may include students placed in: (1) self-contained special classrooms with part-time instruction in a regular class; or (2) self-contained special classrooms with full-time special education instruction on a regular school campus.
- D** Students with disabilities receiving education programs in public separate day school facilities includes students with disabilities receiving special education and related services for greater than 50 percent of the school day in public separate facilities. This may include students placed in: (1) public day schools for students with disabilities; or (2) public day schools for students with disabilities for a portion of the school day (greater than 50 percent) and in regular school buildings for the remainder of the school day.
- E** Students with disabilities receiving education programs in private separate day school facilities includes students with disabilities receiving special education and related services, at public expense, for greater than 50 percent of the school day in private separate facilities. This may include students placed in: (1) private day schools for students with disabilities; or (2) private day school for students with disabilities for a portion of the school day (greater than 50 percent) and in regular school buildings for the remainder of the school day.
- F** Students with disabilities education programs in public residential facilities includes students with disabilities receiving special education and related services for greater than 50 percent of the school day in public residential facilities. This may include students placed in: (1) public residential schools for students with disabilities; or (2) public residential schools for students with disabilities for a portion of the school day (greater than 50 percent) and in separate day schools or regular school buildings for the remainder of the school day.

- G** Students with disabilities receiving education programs in private residential facilities includes students with disabilities receiving special education and related services, at public expense, for greater than 50 percent of the school day in private residential facilities. This may include students placed in: (1) private residential schools for students with disabilities; or (2) private residential schools for students with disabilities for a portion of the school day (greater than 50 percent) and in separate day schools or regular school buildings for the remainder of the school day.
- H** Students with disabilities receiving education programs in homebound/hospital placement includes students with disabilities placed in and receiving special education and related services in: (1) hospital programs, or (2) homebound programs.

**Students ages 3-5:**

- I** Early Childhood Setting. Students with disabilities receiving all of their special education and related services in educational programs designed primarily for students without disabilities. This may include, but is not limited to: (1) regular kindergarten classes; (2) public or private preschools; (3) Head Start Centers; (4) child care facilities; (5) preschool classes offered to an eligible pre-kindergarten population by the public school system; (6) home/early childhood combinations; (6) home/Head Start combinations; and (7) other combinations of early childhood settings.
- J** Early Child. Special Ed. (ECSE). Students with disabilities receiving all of their special education and related services in educational programs designed primarily for students with disabilities housed in regular school buildings or other community-based settings. This may include, but is not limited to: (1) special education classrooms in regular school buildings; (2) special education classrooms in child care facilities, hospital facilities on an outpatient basis, or other community-based setting; and (3) special education classrooms in trailers or portables outside regular school buildings.
- K** Home. Students with disabilities receiving all of their special education and related services in the principal residence of the child's family or caregivers.
- L** EC + ECSE. (Part-Time Early Childhood/Part-Time Early Childhood Special Education Setting). Students with disabilities receiving services in multiple settings, such that: (1) regular and/or special education and related services are provided at home or in education programs designed primarily for students without disabilities, and (2) special education and related services are provided in programs designed primarily for students with disabilities. This may include, but is not limited to: (a) home/early childhood special education combinations; (b) Head Start, child care, nursery school facilities, hospital facilities on an outpatient basis, or other community-based settings with special education provided outside of the regular class; (c) regular kindergarten classes with special education provided outside of the regular class; (d) separate school/early childhood combinations; and (e) residential facility/early childhood combinations.
- M** Public or Private Residential. Students with disabilities receiving all of their special education and related services in publicly or privately operated residential schools or residential medical facilities on an inpatient basis.
- N** Separate School. Students with disabilities receiving all of their special education and related services in educational programs in public or private day schools specifically for students with disabilities.
- O** Itinerant Service Outside Home. Students with disabilities receiving all of their special education and related services at a school, hospital facility on an outpatient basis, or other location for a short period of time (i.e., no more than 3 hours per week). These services may be provided individually or to a small group of students. This may include, but is not limited to: speech instruction up to 3 hours per week in a school, hospital, or other community-based setting.
- P** Reverse Mainstream Setting. Students with disabilities receiving all of their special education and related services in educational programs designed primarily for students with disabilities but that include 50 percent or more students without disabilities.

***The order of the categories for preschoolers ages 3-5 does not reflect a continuum from least to most restrictive. The categories are alphabetical, with optional categories listed last.***

**Also check if the student is in:**

- P** Private School. Students with disabilities who have been enrolled by their parents or guardians in regular parochial or other private schools and whose basic education is paid through private resources and who receive special education and related services at public expense from a local educational agency.

- C** Correctional Facility. Students with disabilities who are receiving special education in correctional facilities including short-term detention facilities (community-based or residential), or correctional facilities.